FORM D

SEC 1972 (6/02):
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED

NOTICE OF SALE OF SECURITIES PRINTS 18 2008 SECURITIES PRINTS TO REGULATION D, SECTION 4(6), AND/OR THOMSON REUTER UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
S						
DATI	E RECE	IVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Exchange Offering of Class A Limited Partnership Units Mall Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)
Type of Filing: New Filing
A. BASIC IDENTIFICATION DATA SEP 1 2 2004
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Washington, DO
Maple Tree Holdings, L.P.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
55 East Jackson Blvd., Chicago, IL 60604 (877) 402-6601
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Num
(if different from Executive Offices)
Brief Description of Business Holding Company
Type of Business Organization 08059974
☐ corporation ☐ limited partnership, already formed ☐ other (please speci.
business trust limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: [0] [6] [0] [7] Actual
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D][E]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more securities of the issuer; 	of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partners	ership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	er 🛛 General and/or Managing Partner
Full Name (Last name first, if individual)	
Maple Tree Holdings GP, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Hub International Limited, 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	er General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax US VII, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners, LP, 153 East 53 rd Street, 53 rd Floor, New York, NY 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	er General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax Europe VII-A, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide LLP, 15 Portland Place, London W1B 1PT, United Kingdom	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	er General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax Europe VII-B, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide LLP, 15 Portland Place, London W1B 1PT, United Kingdom	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	er General and/or Managing Partner
Full Name (Last name first, if individual)	
Doster, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Morgan Stanley Principal Investments, Inc., 1585 Broadway, New York, NY 10036	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director/Manage	er General and/or Managing Partner
Full Name (Last name first, if individual)	
Goldsmith, Daniel	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	

A. BASIC IDENTIFICATION DATA	,
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more securities of the issuer;	of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partner	ship issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Fitzsimons, Paul	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide, LLP, 15 Portland Place, London, W1B 1PT, United Kingdom	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Gulliver, Richard A.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Guthart, Bruce D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	,
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Hughes, Martin P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	, , , , , , , , , , , , , , , , , , ,
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
James, W. Kirk	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply:	General and/or Managing Partner
Full Name (Last name first, if individual)	
Lineker, Lawrence J.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
 Each promoter of the issuer, if the issuer has been organized within the past five years; 									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more securities of the issuer;	of a class of equity								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	r General and/or Managing Partner								
Full Name (Last name first, if individual)									
Karandikar, Ashish									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Apax Partners, LP, 153 East 53 rd Street, 53 rd Floor, New York, NY 10022									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	r General and/or Managing Partner								
Full Name (Last name first, if individual)									
Morgan Stanley Principal Investments, Inc.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
1585 Broadway, New York, NY 10036									
Check Box(es) that Apply:	General and/or Managing Partner								
Full Name (Last name first, if individual)	· · · · ·								
Paine, Marianne D.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director/Manager	r General and/or Managing Partner								
Full Name (Last name first, if individual)									
Taylor, Roy H.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, 1L 60604									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manager	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Truwit, Mitch									
Business or Residence Address (Number and Street, City, State, Zip Code)	· · ·								

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c/o Apax Partners, LP, 153 East 53rd Street, 53rd Floor, New York, NY 10022

				B. IN	FORMAT	TON ABO	OUT OFF	ERING				
											Yes	
1. Has the	issuer sol	d, or does	the issuer	intend to	sell, to non	-accredite	d investor	s in this of	fering?			\boxtimes
			Ans	swer also i	n Appendi	x, Columi	n 2, if filin	g under U	LOE.			
2. What is	2. What is the minimum investment that will be accepted from any individual?											_
3. Does th	3. Does the offering permit joint ownership of a single unit?											
commis offering and/or v associat	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)											
NONE	(Last nam	ie first, ii i	individuai)	1								
Business or	r Residenc	e Address	s (Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									
States in W	hich Pers	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	isers					
(Check "A	All States"	or check	individual	States)			•••••	••••••		•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	individual)									
Business or	r Residenc	e Address	s (Number	and Street	i, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									
States in W	hich Pers	on Listed	Has Solici	ted or Inte	nds to Soli	icit Purcha	sers					
(Check "A	All States"	or check	individual	States)	******							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	individual)									
Business or	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									
States in W	hich Perso	on Listed	Has Solicion	ted or Inte	nds to Soli	cit Purcha	isers					
(Check "A	All States"	or check	individual	States)	•••••							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	OF PROCEEL	18
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
	Debt	Offering Price	Sold ¢
	Equity	<u> </u>	\$
	Common Preferred)	Φ
		,	¢
		<u> </u>	\$
	Partnership Interests		\$
	• • •	120,000 units	\$ <u>120,000 units</u> \$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
		1	\$ 120,000 units
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	<u>N/A</u>	\$
	Regulation A	N/A	\$
	Regulation 504	N/A	\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	П	\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 20,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fee separately)		\$
	Other Expenses (identify) Outside Financial Advisor and Other Miscellaneous		\$
	Total		\$ 20,000
	10141		Ψ

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE OF PE	ROCEEDS	
5.	b. Enter the difference between the aggreg C – Question 1 and total expenses furnished difference is the "adjusted gross proceeds to the Indicate below the amount of the adjusted gross be used for each of the purposes shown. If furnish an estimate and check the box to the le listed must equal the adjusted gross proceeds to Question 4.b above.	ss proceeds to the issuer used or propose the amount for any purpose is not known of the estimate. The total of the payment	This ed to own, eents	\$_ Exch	N/A nange offering
		machinery and equipment	\$ \$ \$	ers, & stes	Payments To Others 120,000 units (exchange offer)
) \$] \$ \textstyle s		120,000 units
	D	. FEDERAL SIGNATURE		·	
the f writt	ssuer has duly caused this notice to be signed be ollowing signature constitutes an undertaking ben request of its staff, the information furnishe 502.	by the issuer to furnish to the U.S. Secu	urities and Ex	xchange Comi	mission, upon
	r (Print or Type) e Tree Holdings, L.P.	Signature		Date September 9	, 2008
Nam	e of Signer (Print or Type) Romick	Title of Signer (Print or Type) Authorized Signatory			

ATTENTION	•
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10	01).

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix, Column 5, for state response.	_	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signiture	Date
Maple Tree Holdings, L.P.		September 9, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jason Romick	Authorized Signatory	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			ification
	accredited in S	sell to non- d investors State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			Class A Limited Partnership	Number of Accredited	, (1.41)	Number of Non- Accredited			i
State	Yes	No	Units	Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ							•		
AR CA		X	120,000	1	120,000 units	0			X
СО									
СТ									
DE							* *		
DC									
FL									
GA									
HI									
ID									
IL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									

APPENDIX

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			Type of security and aggregate offering price offered in state						
			(Part C-Item 1)						
State	Yes	No	Class A Limited Partnership Units	Number of Accredited Investors	A	Number of Non- Accredited Investors	A	Yes	No
State MT	ies	NO	Units	***************************************	Amount	233.405.015	Amount	1 es	No
NB									
NV								<u> </u>	
NH									
NJ									-
ΝM									
NY									
NC								1	
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX				·					
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

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